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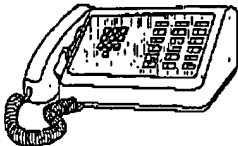
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FACSIMILE COVER LETTER

Our Ref.:	FIS920030312US1	Your Ref.:	10/707,754
Please Deliver To:	Ex. F. Erdem U.S.P.T.O.	Fax No. Called:	703-872-9306
From:	Peter W. Peterson	Art Unit:	3742
Date:	June 28, 2005		

We are transmitting 11 pages (including this cover sheet)

MESSAGE:

AMENDMENT FOR FILING
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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/707,754
Filing Date	January 9, 2004
First Named Inventor	Rama Divakaruni
Examiner Name	F. Erdem
Art Unit	2826
Attorney Docket No.	FIS9-2003-0312-US1

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 09-0458 Deposit Account Name: IBM East Fishkill
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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14	- 20 or HP =	0	x	0	=	0
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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4	- 3 or HP =	4	x	0	=	0
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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_____	- 100 =	_____	/ 50 =	_____	(round up to a whole number) x	_____	=	_____
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No. 31,867
(Attorney/Agent)

Telephone 203-787-0595

Name (Print/Type)

Peter W. Peterson

Date June 28, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUN 28 2005

DOCKET: FIS9-2003-0312-US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR:	Rama Divakaruni)	EXAMINER:	Erdem, F.
)		
SERIAL NO.:	10/707,754)	ART UNIT:	2826
)		
FILING DATE:	January 09, 2004)	DATE:	June 28, 2005
)		
FOR:	Nitrided STI Liner)			
	Oxide for Reduced			
	Corner Device Impact			
	on Vertical Device			
	Performance			

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Name: Barbara Browne Date: June 28, 2005

Signature: 

Dear Sir:

Responsive to the Office Action mailed March 28, 2005, please amend the application as follows: